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FEC FORM 1

STATEMENT OF ORGANIZATION

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FURIVI I			FE	Condervise Only HTER
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	CHIER
FLORIDA SEN	ATORIAL CAUC	CUS		
ADDRESS (number and street)	P. O. BOX 83	94 		
(Check if address is changed)	DELRAY BEA	CH , , , , , ,	FL	33482
	·	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS (Please provide only one e UnitedStates	-mail address) SenatorialCauc	cuses@ya	hoo.com
COMMITTEE'S WEB PAGE A	DDRESS (URL)	٠		
(Check if address is changed)				
2. DATE 10 [™] 2	9°′ 2012 ′			
3. FEC IDENTIFICATION	NUMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the bes	t of my knowledge and belies	f it is true, correct a	and complete.
Type or Print Name of Treasu	rer RICHARD K	EVINSTON		
Signature of Treasurer	Auff		Date ÏO [™]	´_29° ´ 2012 `
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATION		•	he penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)